

LEASING EMPLOYER CLIENT STATUS REPORT

REPORT TO DETERMINE LIABILITY UNDER THE ARKANSAS EMPLOYMENT SECURITY LAW
P.O. Box 2981-Little Rock, AR 72203-2981 Telephone (501) 682-3325 FAX (501) 682-3269

IDENTIFICATION SECTION

1. ACCOUNT NUMBER TO BE ASSIGNED BY ESD		2. PEO FEDERAL IDENTIFICATION NUMBER	
3. TYPE OF OWNERSHIP OF CLIENT (CHECK ONE)			
1. <input type="checkbox"/> CORPORATION	3. <input type="checkbox"/> INDIVIDUAL	5. <input type="checkbox"/> LLC	7. <input type="checkbox"/> STATE AGENCY
2. <input type="checkbox"/> PARTNERSHIP	4. <input type="checkbox"/> PROFESSIONAL ASSOCIATION	6. <input type="checkbox"/> ESTATE	8. <input type="checkbox"/> POLITICAL SUBDIVISION
9. <input type="checkbox"/> TRUST			

IF THE TYPE OF CLIENT BUSINESS IS A CORPORATION ENTER THE CORPORATE NAME IN ITEM 4 BELOW.

4. CLIENT NAME		5. PEO MAILING ADDRESS	
PEO CITY	PEO STATE	PEO ZIP CODE	PEO PHONE NUMBER ()

6. ENTER THE REQUIRED PEO INFORMATION.

PEO NAME		PEO PHONE NUMBER ()		Extension
PEO CONTACT PERSON		PEO EMAIL ADDRESS		

If the type of CLIENT ownership is an individual or partnership, enter the name(s) and social security number(s) as applicable below, or if the type of CLIENT ownership is a corporation, complete the information for two officers. Do not list Board Members or Directors.

7. CLIENT OWNERS OR CORPORATE OFFICERS ATTACH ADDITIONAL SHEET IF NECESSARY	NAME	SOCIAL SECURITY NO.	TITLE	RESIDENCE ADDRESS,CITY STATE,ZIP	
8. CLIENT BUSINESS LOCATION IN ARKANSAS ATTACH ADD. SHEET IF NECESSARY	CLIENT TRADE NAME	CLIENT PHYSICAL ADDRESS		CLIENT COUNTY	No. of Employees
		CLIENT CITY/ZIP		CLIENT PHONE # ()	

9. IF CLIENT BUSINESS IS A CORPORATION ENTER: ➡ ➡	CHARTER NUMBER	STATE INCORP.	DATE INCORP.	REGISTERED AGENT'S NAME			
	ORIGINAL CORPORATE NAME, IF DIFFERENT THAN ABOVE			REGISTERED AGENT'S ADDRESS			
10. IF THE CLIENT IN ARKANSAS WISHES TO REPORT A PORTION OF THE WAGES HIMSELF ENTER: ➡ ➡	CLIENT'S PREVIOUS ACCOUNT NUMBER (IF KNOWN)		DATE CLIENT SIGNED WITH PEO		MONTH	DAY	YEAR
	CLIENT'S FEDERAL IDENTIFICATION NUMBER						
	WHAT PORTION OF THE CLIENT BUSINESS WAS ACQUIRED? (CHECK) <input type="checkbox"/> ALL. <input type="checkbox"/> PART SPECIFY PERCENTAGE _____						

EMPLOYMENT SECTION

11. ENTER THE DATE YOU FIRST GENERATED PAYROLL FOR THIS CLIENT IN ARKANSAS ➡ ➡				MONTH	DAY	YEAR
12. IF THE CLIENT ACCOUNT HAS BEEN INACTIVE:		ENTER THE DATE THE CLIENT RESUMED EMPLOYING SOMEONE IN ARKANSAS. ➡ ➡				
13. IT DOES NOT APPLY TO A PEO IF THE CLIENT IS EXEMPT FROM FEDERAL INCOME TAXES UNDER INTERNAL REVENUE CODE OF 1954 SECTION 501 (C)(3),						

DOMESTIC HOUSEHOLD EMPLOYMENT SECTION

COMPLETE 14 ONLY IF THE CLIENT HAS DOMESTIC OR HOUSEHOLD EMPLOYEES
(INCLUDES MAIDS, COOKS, CHAUFFERS, SITTERS, ETC.)

14. ENTER THE ENDING DATE OF THE FIRST CALENDAR QUARTER IN WHICH THE CLIENT PAID GROSS WAGES OF \$1000 OR MORE TO EMPLOYEES PERFORMING DOMESTIC SERVICE. ➡ ➡				MONTH	DAY	YEAR
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PEO REPORTING SECTION

15. DO YOU WISH TO REPORT USING THE INTERNET?		<input type="checkbox"/> YES	<input type="checkbox"/> NO
ARE YOUR PAYROLL RECORDS MAINTAINED ON COMPUTERIZED FILES?.....		<input type="checkbox"/> YES	<input type="checkbox"/> NO
DO YOU WISH TO REPORT BY MAGNETIC MEDIA? IF YES, INDICATE YOUR PREFERENCE.....		<input type="checkbox"/> DISC	<input type="checkbox"/> TAPE <input type="checkbox"/> CARTRIDGE